

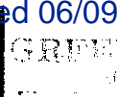
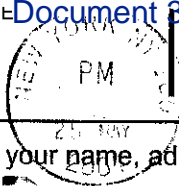


Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10627-RCL	
DEFENDANT ONE PAINTING/PASTEL TITLED "LA COIFFURE" BY EDGAR DEGAS		TYPE OF PROCESS Complaint and Warrant & Monition	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize ARNOLD KATZEN		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 115 EAST 89 TH STREET, APT. 5B, NEW YORK, NEW YORK 10128		
Send NOTICE OF SERVICE copy to Requester: SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve the attached Verified Complaint and Warrant & Monition upon the above-named individual by certified mail, return receipt requested.			
LJT x3283			
Signature of Attorney or other Originator requesting service on behalf of <i>Sherbey D. Wright</i>		Telephone No. (617) 748-3100	Date Apr. 29, 2004
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:	<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above.)	Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Please see Remarks below		
	Signature, Title and Treasury Agency <i>Stephen P. Leonard</i> Stephen P. Leonard, Forfeitures Officer		
REMARKS:			
Service was made as noted above via certified mail number 7001 2510 0003 4300 4271. Certified mail card signed as received without date. However, postmark on the return card is May 25, 2004. Copy of certified mail card attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT
 ☐ FOR CASE FILE
 ☐ LEAVE AT PLACE OF SERVICE
 ☐ FILE COPY



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box.

DEPARTMENT OF THE TREASURY
OFFICE OF DISTRICT DIRECTOR OF CUSTOMS
10 CAUSEWAY ST., SUITE 603
BOSTON MASS. 02222-1059
ATTN: FP&F

2004-07-1 17:06:06

02222+1047



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Arnold Katzen
115 East 89th Street
Apartment 5B
New York, New York 10128

2. Article Number

(Transfer from service label)

7001 2510 0003 4300 4271

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-03

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

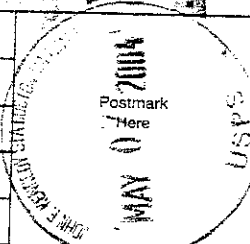
4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0003 4300 4271

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Arnold Katzen
Street, Apt. No., or PO Box No. **115 East 89th St. Apt. 5B**
City, State, ZIP+4 **New York, New York 10128**

PS Form 3800, January 2001

See Reverse for Instructions